

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>2/8/05</u>		2 Serial/Patent # <u>09648720</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
1253	Petition		1/21/05	\$ 590-							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND								
			\$ 590-								
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
	Overpayment	Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>5</td><td>0</td><td>--</td><td>2</td><td>3</td><td>3</td><td>5</td></tr></table>			5	0	--	2	3	3	5
5	0	--	2	3	3	5					
X	No Fee Due (Explanation):										
EXT FILED AFTER MAX EXTENDABLE PD											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>D WOOD</u>		TITLE: <u>SR ATTY</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: <u>272 3231</u>									
OFFICE: <u>OP</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>2/9/05</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B